

09/857, 1/3

| POSITION                  | INITIALS           | ID NO. | DATE   |
|---------------------------|--------------------|--------|--------|
| FEE DETERMINATION         |                    |        |        |
| O.I.P.E. CLASSIFIER       |                    |        |        |
| FORMALITY REVIEW          |                    |        |        |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> |        | 7-2-01 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 4/19/02 |
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| Claim    | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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